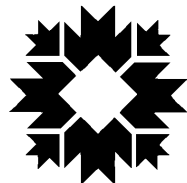


SERVICE PROFILE



CITY OF BLOOMINGTON
parks and recreation

CERVIS: _____
Listserv: _____

Personal Information

| | | | | | |
|---|--|-------------|----------------------|------------|--|
| Name | | | | | |
| Local Street Address | | | | | |
| State | | City | | Zip | |
| Phone (please ensure voicemail feature is available) | | | | | |
| E-Mail Address | | | Date of Birth | | |

Reason for Volunteering (☒ one)

| | |
|--|-------------|
| <input type="checkbox"/> Community/College Volunteer | |
| <input type="checkbox"/> Group | Group Name: |
| <input type="checkbox"/> Individual | |
| <input type="checkbox"/> College Service Learning Requirement | |
| Course Title/# | |
| Instructor Name | |
| <input type="checkbox"/> Restitution Work | |
| Department | |
| Contact Name | |

Service Commitment

| | | | | | |
|--|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| Volunteer Assignment | | | | | |
| Intended # of hours | | | | | |
| Start date | | | | End date | |
| Please indicate the days/times of your availability to volunteer: | | | | | |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Sunday | | | | | |

PLEASE SEE REVERSE SIDE for additional portions of service profile.

VOLUNTEER AGREEMENT

While serving as a volunteer, I understand that I serve as a representative of the Bloomington Parks and Recreation Department. I agree to act in accordance with the Bloomington Parks and Recreation standards, to take a proactive role in my volunteer position, and to actively participate in any reflection activities that may be incorporated into my service experience.

RELEASE FOR BACKGROUND INFORMATION

Please read the following statement carefully before signing below:

I hereby authorize and give my consent to the release of any and all background information and/or records about me, by any person, business, agency or other entity in possession of the same, to the City of Bloomington Parks and Recreation Department, for the purpose of conducting a background check and a criminal history check. I authorize the City Of Bloomington to make photocopies of this document, and such copies shall suffice in place of the original to notify persons or other entities in possession of information about me that I have freely and voluntarily agreed and consented to the matters herein.

I certify that the information contained in my volunteer application is true. I realize that misrepresentation of facts is cause for rejection of my application or dismissal from the Parks and Recreation volunteer program after acceptance. I understand that my acceptance as a Parks and Recreation Volunteer is contingent in part upon the verification that I do not have any disqualifying information on my criminal history record.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Bloomington or any of its officers, employees or agents as a result of the release of my records.

WAIVER OF LIABILITY/PHOTO & VIDEO RELEASE

Please read the following statement carefully before signing below:

I recognize that because of the inherent hazards of this activity, that I may sustain some injury. In the event that I am injured and my next of kin cannot be contacted, I give my permission to the attending physician to render such treatment as would be normal, and agree to pay the usual charge for such treatment. I now release the City of Bloomington, its Parks and Recreation Department, and its employees, agents and assigns for any and all claims for personal injury and/or property damage that may arise from, or be in any way connected to, my participation in this activity. I understand that this release applies to both present and future injuries, and that it binds my heirs, executors and administrators. I may be photographed and videotaped while participating in Parks and Recreation activities, and consent is given for the reproduction of such photos or videos for advertising and publicity. I release Bloomington Parks and Recreation, its employees, agents, and assigns, from any liability connected with taking, recording, digitizing, or publication and use of photographs, video, and/or sound recordings. In signing this form, I also understand that I agree to be subscribed to the Bloomington Parks and Recreation monthly volunteer newsletter. I have read this release and understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

| | |
|---|--|
| Name (Printed) | |
| Aliases (e.g. maiden name) if applicable | |
| Signature | |
| Date | |